

K071773

**Non-Confidential Summary of Safety and Effectiveness**

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4-Sep-07

LifeSource

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SEP 12 2007

**Official Contact:** Pamela Squire

**Proprietary or Trade Name:** CPAP nasal mask with pillows

**Common/Usual Name:** Patient interface for use with CPAP systems

**Classification Name:** Ventilator, non-continuous (respirator), accessory  
BZD – 868.5905

**Device:** CPAP nasal mask with pillows

**Predicate Devices:** Puritan Bennett – ADAM – K900164

**Device Description:**

The proposed nasal pillow patient interface incorporates a number of features, which are designed to maximize seal and comfort, and maintain the mask in the correct position throughout use.

- Three (3) sizes of nasal pillows to assure a good fit
- Integral fixed leak port, identical to the predicate
- Headgear for attachment

**Indications for Use:** A patient interface accessory for use with CPAP and bi-level systems used in the treatment of adult OSA and / or ventilatory support. Single patient, multi-use.

Environment of use – hospital, sub-acute institutions, sleep laboratories and home

**Patient Population:** Adults with OSA

**Environment of Use:** Hospitals, Home, sub-acute care settings

**Contraindications:** None

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**Comparative table:**

Features	Predicate ADAM K900164	Proposed Device
<b>Indications for use</b>	A patient interface accessory for use with CPAP and bi-level systems used in the treatment of adult OSA and / or ventilatory support.  Not listed but typical of CPAP patient interface devices	A patient interface accessory for use with CPAP and bi-level systems used in the treatment of adult OSA and / or ventilatory support.
<b>Environment of Use</b>	Hospital, sub-acute institutions, sleep laboratories and home	Same
<b>Patient Population</b>	Adult	Same
<b>Contraindications</b>	None	None
<b>Single patient, Multi-use</b>	Yes	Yes
<b>Components</b>	Headgear Shell / Interface Nasal pillows	Headgear Shell / Interface Nasal pillows
<b>Dead space</b>	Interface – 26 ml Pillows – 2 to 4 ml	Interface – 26 ml Pillows – 2 to 4 ml
<b>Fixed leak port</b>	Yes	Yes
<b>Deliverable pressure range</b>	Not provided	Typical 3 to 18 cm H2O
<b>Materials</b>	Polycarbonate Silicone	Polycarbonate Silicone Biocompatibility per ISO 10993-1
<b>Comparative testing for safety and efficacy</b>		Flow vs. Leak / Pressure Dead space

**Differences Between Other Legally Marketed Predicate Devices:**

The proposed device is viewed as substantially equivalent to the predicate device, K900164.

There are no significant differences that affect the safety or effectiveness of the intended device as compared to the predicate devices.

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

LifeSource  
C/O Mr. Paul Dryden  
President  
ProMedic, Incorporated  
3460 Pointe Creek Court #102  
Bonita Springs, Florida 34134

**SEP 12 2007**

Re: K071773

Trade/Device Name: CPAP Nasal Mask with Pillows  
Regulation Number: 868.5905  
Regulation Name: Noncontinuous Ventilator (IPPB)  
Regulatory Class: II  
Product Code: BZD  
Dated: August 27, 2007  
Received: August 28, 2007

Dear Mr. Dryden:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

**Indications for Use Statement**

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**510(k) Number:** K071773 (To be assigned)

**Device Name:** CPAP Nasal mask with pillows

**Indications for Use:** A patient interface accessory for use with CPAP and bi-level systems used in the treatment of adult OSA and / or ventilatory support. Single patient, multi-use.

Environment of use – hospital, sub-acute institutions, sleep laboratories and home

**Prescription Use XX**  
(Part 21 CFR 801 Subpart D)

or

**Over-the-counter use**  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

*Rut J Patel* 9/10/07

(Division Sign-Off)  
Division of Anesthesiology, General Hospital,  
Infection Control, Dental Devices

510(k) Number: K071773